PTO/SB/06 (12-04)

Approved for use through 7/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

work Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Under the Pepi PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 OTHER THAN APPLICATION AS FILED - PART I OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) NUMBER EXTRA FEE (\$) NUMBER FILED RATE (\$) FEE (\$) RATE (\$) FOR BASIC FFF (37 CFR 1.16(a), (b), or (c)) SEARCH FEE (37 CFR 1.16(d, (1), or (m)) EXAMINATION FEE (37 CFR 1.16(a) (a) ar (q)) TOTAL CLAIMS OR (37 CFR 1.16(1)) minus 20 = INDEPENDENT CLAIMS (37 CFR 1.16(h)) cninus 3 = If the specification and drawings exceed 100 sheets of paper, the application size fee due APPLICATION SIZE is \$250 (\$125 for small entity) for each FEE (37 CFR 1.16(s)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). . MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(I)) TOTAL TOTAL * If the difference in column 1 is less than zero, enter "0" in column 2. APPLICATION AS AMENDED - PART II OTHER THAN OR SMALL ENTITY (Column 1) (Column 2) (Column 3) SMALL ENTITY CLAIMS HIGHEST PRESENT RATE (\$) ADD RATE (S) ADDI-REMAINING MI MRER **EXTRA** TIONAL PREVIOUSLY TIONAL **AFTER** FEE (\$) MENT MENDMENT **PAID FOR** FEE (\$) . Total (37 CFR 1.100) Minus OR END 0 Minus G7 CFR 1.18040 OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.15(0)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) HIGHEST CLAIMS PRESENT RATE (\$) RATE(\$) ADDI-ADDI-REMAINING NUMBER TIONAL TIONAL AFTER PREVIOUSLY ENDMENT PAID FOR FEE (\$) FEE (\$) Total GIT CFR 1.1603 OR Minus OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.180) OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE

if the entry in column 1 is less than the entry in column 2, write "O" in column 3.
 if the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 if the "Highest Number Previously Paid For" [N THIS SPACE is less than 3, enter "3".
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.
 This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECOR									09836/35				
CLAIMS AS FILED - PART I								SHALL	ENTITY		OTHE	RTHAN	
			(Catum	(Cotumn 1) (Cot			Z) TYPE			OF		ENTITY	
TOTAL CLAIMS			6	6			R		FEE	7	RATE	FEE	
FOR			MANBE	MANGER FILED NO.		BER EXTRA	1	BASIC F	355.0		BASIC FEI	710.00	
TOTAL CHARGEABLE CLAIMS			Ø m	minus 20=		0		X\$ 9-		OF	X518=		
INDEPENDENT CLAIMS			6	6 minus 3 =		3.		X40-		OR	X80-	240	
MULTI	PLE DEPE	NDENT CLAIM F	RESENT				I		1	7	-	7.	
" If the difference in column 1 is less than zero, enter "0" in column 2								+135	<u> </u>	- IOF		200	
	•	DA PMIA E	TOTAL	·			250						
CLAIMS AS AMENDED - PART [] -24-05 (Column 1) (Column 2) (Column 3) CAIMS (SASSAGE A) NICHES?								SMALI	ENTITY	OR	OTHER		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVIO	BER	PRESENT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT		.6	Minus	- 6	<u> </u>	• /.]	X\$ 9=	I Z	OR	X\$18=	1.	
A PE	ependent	• (O	Minus	en en		-/	l	X40=		OR	X80-/		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM '								+135=		OR	+2/0-		
	1 1						• '	TOTA	- 1	OR	TOTAL		
1	S ळ	(Column 1)		(Cotun	no 21	(Column 3)		ADOIT, FEI	:		ADOIT, FEE		
MENDAMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	EST SER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FIEE	
Total	N	cane	Minus	••		-/]	X\$ 9-		OR	X\$18=		
<i>-</i>	ependent	.00.	Minus	•••		<i>f</i>		X40=		OR	X80±		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		1	+270=		
			•				l	TOTAL		OR	TOTAL		
		(Cahana 4)	•	/A-1-	- -		•	VOOIT, FEE	L	JOR ,	ADDIT. FEE		
	THE TOTAL ST	(Column 1) CLAIMS	1201117	(Colum	51	(Column 3)	,						
I Name		REMAINING AFTER AMENDMENT	4 , , ,	NUMB	ER USLY	PRESENT EXTRA .		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total Inde	•	•	Mirus	••		•	lſ	X\$ 9=		OR	X\$18°=		
Inde	pendent	•	Minus	***			 	X40=			X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	~~~		
ti the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+135=		OR	+270=		
TI DID TRENGT NUMBER Previously Paid For IN THES SPACE is less than 20, arter 70.0										OR ,	TOTAL LOCIT, PEE		
The Highest Number Previously Peld For' (Total or Independent) is the highest number lound in the appropriate box is column 1.													
IN PTO	174							,			·		
M 900)								of Acad Treatment	and Office, U.	B. DEP	ATMENT OF	COMMERCE	